		PART B - F	FEE(S) TRA	NSMITTAL .		/
MAY 1 5 2006	this form, together w		or <u>Fax</u>	P.O. Box 1450 Alexandria, Virg (571)-273-2885	/	
NSTRUCTIONS: The for continuous and	rrm should be used for tran rrespondence including the below or directed otherwise	smitting the ISSUE Fl Patent, advance orders in Block 1, by (a) spe	EE and PUBLI and notification ecifying a new	CATION FEE (if requ n of maintenance fees correspondence address	nired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
	590 02/23/2006				e of maning of transmission. rtificate of Mailing or Trans	
POLSTER, LIEDER, WOODRUFF & LUCCHESI 12412 POWERSCOURT DRIVE SUITE 200 ST. LOUIS, MO 63131-3615				I hereby certify that the States Postal Service addressed to the Mai	nis Fee(s) Transmittal is bein with sufficient postage for fir I Stop ISSUE FEE address TO (571) 273-2885, on the c	g deposited with the United st class mail in an envelope above, or being facsimile
16/2006 EAREGAY2 00000028 10682233				Scott A. S	mith	(Depositor's name)
FC:1501 FC:1504	1400.00 OP 300.00 OP			May 10, 20	of A. Jones	(Signature) (Date)
APPLICATION NO.	FILING DATE	FIRS'	T NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: II	NTEGRATED SPEED RED	UCER AND PUMP AS	Xiaolan Ai SEMBLY		TIMK 8507U1	. 1025
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	05/23/2006
EXAMINER ART U		ART UNIT	NIT CLASS-SUBCLASS			
TRIEU, THERESA . 3748				418-061300	•	•
CFR 1.363). Change of corresponded ress form PTO/SB/1 "Fee Address" indication PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. HE PATENT (print or type)					
			-		nee is identified below, the c	locument has been filed for
(A) NAME OF ASSIGN				CITY and STATE OR		
The Timke	Canton, Ohio					
Please check the appropriate	e assignee category or catego	ries (will not be printed	on the natent)	☐ Individual XXI C	orporation or other private gr	our antity D Coursement
4a. The following fee(s) are	enclosed:	4b. Pay	yment of Fee(s): A check in the a	mount of the fee(s) is er	nclosed.	oup chity 2 dovernment
			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 162201 (enclose an extra copy of this form).			
	MALL ENTITY status. See	37 CFR 1.27.			LL ENTITY status. See 37 C	
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Iss Publication Fee (if required) ords of the United States Pat	ue Fee and Publication I will not be accepted from ent and Trademark Officent	Fee (if any) or to m anyone other ce.	re-apply any previous than the applicant; a reg	y paid issue fee to the application istered attorney or agent; or to	ation identified above. he assignee or other party in
Authorized Signature	Jan A:			Date M	ay 10, 2006	
Typed or printed name _	Scott A. San			Registration I		
Typed or printed name _			required to obtain this collection ending upon the left Information (PLETED FOR)	Registration l		d by the USPTO to proceing gathering, preparing, a me you require to comple artment of Commerce, P. for Patents, P.O. Box 14:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.